

Checklist for Enhancement Grant Application

Use this checklist before mailing your application to ensure that you have included all of the following documents. **Please include a copy of this completed checklist with your application package.**

- ☐ Face Sheet
- ☐ Enhancement Grant Information Form
- ☐ Application Checklist
- ☐ Abstract
- ☐ Narrative (eight pages maximum)
- ☐ Project Budget
 - ☐ Detailed Budget
 - ☐ Summary Budget
 - ☐ Budget Justification
- ☐ Copy of current, federally negotiated indirect cost rate agreement or indirect cost rate proposal, if applicable
- ☐ Specifications for Projects That Develop Digital Products, if applicable
- ☐ Schedule of Completion
- ☐ Three-Year Plan for 2007–2009
- ☐ Attachments (e.g., resumes, position descriptions, assessments, letters of support)
- ☐ Original and **TEN** copies of the complete application package
- ☐ Two additional copies of the Face Sheet and Enhancement Grant Information form
- ☐ 3.5-inch disk or CD (containing electronic copy of the Face Sheet, Enhancement Grant Information Form, Abstract, and Narrative)

Face Sheet

OMB No. 3137-0029

01/31/2007

CFDA No. 45.311

1. APPLICANT ORGANIZATION

Legal Name _____
Address 1 _____
Address 2 _____
City _____ County _____ State _____
Zip + 4/Postal Code _____ Congressional District _____
DUNS Number _____ Employer Identification Number (EIN/TIN) _____
Web Address http:// _____

2. PROJECT INFORMATION

Project Title _____
Project Description _____

Grant Period Start Date _____ End Date _____
(must begin between 10/1/06–12/1/06)

3. PROJECT DIRECTOR

Prefix _____ First Name _____ Middle Initial _____
Last Name _____ Suffix _____
Title _____
Address 1 _____
Address 2 _____
City _____ County _____ State _____
Zip + 4/Postal Code _____ E-mail _____
Phone _____ Fax _____

4. PRIMARY CONTACT/GRANTS ADMINISTRATOR

☐ Same as Project Director (skip to item 5)

Prefix _____ First Name _____ Middle Initial _____
Last Name _____ Suffix _____
Title _____
Address 1 _____
Address 2 _____
City _____ County _____ State _____
Zip + 4/Postal Code _____ E-mail _____
Phone _____ Fax _____

CONTINUE TO ITEM 5

5. TYPE OF APPLICANT: CHECK THE ONE THAT APPLIES

- ☐ State Government
☐ County Government
☐ City or Township Government
☐ Special District Government
☐ Regional Organization
☐ U.S. Territory or Possession
☐ Independent School District
☐ Public/State Controlled Institution of Higher Education
☐ Indian/Native American Tribal Government (Federally Recognized)
☐ Indian/Native American Tribal Government (Other than Federally Recognized)
☐ Indian/Native American Tribally Designated Organization
☐ Public/Indian Housing Authority
☐ Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)
☐ Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)
☐ Private Institution of Higher Education
☐ Individual
☐ For-Profit Organization (Other than Small Business)
☐ Small Business
☐ Hispanic-serving Institution
☐ Historically Black Colleges and Universities (HBCUs)
☐ Tribally Controlled Colleges and Universities (TCCUs)
☐ Alaska Native and Native Hawaiian Serving Institutions
☐ Nondomestic (non-U.S.) Entity
☐ Other (specify)_____

6. AUTHORIZED REPRESENTATIVE/AUTHORIZING OFFICIAL

By signing the application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.

(U.S. Code, Title 218, Section 1001) ☐ I Agree

*Certifications and assurances are set forth in the IMLS guidelines for the program to which application is made.

Prefix _____ First Name _____ Middle Initial _____
 Last Name _____ Suffix _____
 Title _____
 E-mail _____ Phone _____ Fax _____

Signature of Authorized Representative/Authorizing Official

Date Signed

Enhancement Grant Information Form

Legal Name (from Face Sheet) _____

1. Organizational Unit (if different from Legal Name): _____

Address 1 _____

Address 2 _____

City _____ State _____ Zip + 4/Postal Code _____

Web Address http:// _____

2. Institutional Profile

a. Number of hours per week the library collection is accessible to patrons: _____

b. Number of staff dedicated full-time to library operations: _____

Number of staff with part-time library duties: _____

If part-time, indicate percentage of time dedicated to library duties: _____%

c. Number of holdings (books, journals, media): _____

d. Number of circulation transactions per year: _____

e. Does library staff have access to the Internet? ☐ Yes ☐ No

f. Does the library provide public access to the Internet? ☐ Yes ☐ No

g. Amount of operating budget for library services in most recently completed fiscal year (include all sources): \$ _____

3. Identify which of the following activities will be supported by Enhancement Grant funds (check all that apply):

☐ Expand services for learning and access to information and educational resources in a variety of formats, in all types of libraries, for individuals of all ages.

☐ Develop library services that provide all users with access to information through local, state, regional, national, and international electronic networks.

☐ Provide electronic and other linkages between and among all types of libraries.

☐ Develop public and private partnerships with other agencies and community-based organizations.

☐ Target library services to help increase the access and the ability to use information resources for individuals of diverse geographic, cultural, and socioeconomic backgrounds, for individuals with disabilities, and for individuals with limited functional literacy or information skills.

☐ Target library and information services to help increase the access and the ability to use information resources for persons having difficulty using a library, and for underserved urban and rural communities, including children from birth to age 17, from families with incomes below the poverty line (as defined by the Office of Management and Budget).

4. Amount requested from IMLS: \$ _____

5. Amount of cost sharing: \$ _____

6. Total project costs from all sources: \$ _____

7. Digitization project: ☐ Yes ☐ No

Project Budget Form

SECTION 1: DETAILED BUDGET

Year ☐ 1 ☐ 2 - Budget Period from ____ / ____ / ____ to ____ / ____ / ____

Name of Applicant Organization _____

IMPORTANT! READ INSTRUCTIONS ON PAGES 3.14–3.17 BEFORE PROCEEDING.

SALARIES & WAGES (PERMANENT STAFF)

NAME/TITLE	No.	METHOD OF COST COMPUTATION	IMLS	COST SHARE	TOTAL
_____	()	_____	_____	_____	_____
_____	()	_____	_____	_____	_____
_____	()	_____	_____	_____	_____
_____	()	_____	_____	_____	_____
TOTAL SALARIES & WAGES			\$	_____	_____

SALARIES & WAGES (TEMPORARY STAFF HIRED FOR PROJECT)

NAME/TITLE	No.	METHOD OF COST COMPUTATION	IMLS	COST SHARE	TOTAL
_____	()	_____	_____	_____	_____
_____	()	_____	_____	_____	_____
_____	()	_____	_____	_____	_____
_____	()	_____	_____	_____	_____
TOTAL SALARIES & WAGES			\$	_____	_____

FRINGE BENEFITS

RATE		SALARY BASE	IMLS	COST SHARE	TOTAL
_____	% of \$	_____	_____	_____	_____
_____	% of \$	_____	_____	_____	_____
_____	% of \$	_____	_____	_____	_____
_____	% of \$	_____	_____	_____	_____
TOTAL FRINGE BENEFITS			\$	_____	_____

CONSULTANT FEES

NAME/TITLE OF CONSULTANT	RATE OF COMPENSATION (DAILY OR HOURLY)	NO. OF DAYS (OR HOURS) ON PROJECT	IMLS	COST SHARE	TOTAL
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
TOTAL CONSULTANT FEES			\$	_____	_____

TRAVEL

FROM/TO	NUMBER OF: PERSONS	DAYS	SUBSISTENCE COSTS	TRANSPORTATION COSTS	IMLS	COST SHARE	TOTAL
IMLS Meeting	()	()	_____	_____	2,500	_____	_____
_____	()	()	_____	_____	_____	_____	_____
_____	()	()	_____	_____	_____	_____	_____
_____	()	()	_____	_____	_____	_____	_____
TOTAL TRAVEL COSTS					\$	_____	_____

Project Budget Form

SECTION 1: DETAILED BUDGET CONTINUED

Year ☐ 1 ☐ 2

MATERIALS, SUPPLIES, & EQUIPMENT

ITEM	METHOD OF COST COMPUTATION	IMLS	COST SHARE	TOTAL
TOTAL COST OF MATERIALS, SUPPLIES, & EQUIPMENT		\$		

SERVICES

ITEM	METHOD OF COST COMPUTATION	IMLS	COST SHARE	TOTAL
TOTAL SERVICES COSTS		\$		

OTHER

ITEM	METHOD OF COST COMPUTATION	IMLS	COST SHARE	TOTAL
TOTAL OTHER COSTS		\$		

TOTAL DIRECT PROJECT COSTS	\$		
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INDIRECT COSTS

Read the instructions about Indirect Costs on pages 3.15–3.16 before completing this section.

Applicant organization is using (check one):

- ☐ An indirect cost rate that does not exceed 15 percent
☐ A current, federally negotiated indirect cost rate

Name of Federal Agency

Expiration Date of Agreement

- ☐ A proposed rate while negotiating a federally negotiated indirect cost rate (applicant must include a copy of the indirect cost proposal in the application)

Name of Federal Agency

Date of Proposal

Indirect Cost Calculations

_____% of \$_____ (modified direct IMLS costs) = \$_____ IMLS indirect portion

_____% of \$_____ (modified direct Cost Share costs) = \$_____ Cost Share indirect portion

Total indirect costs = \$_____

Project Budget Form

SECTION 2: SUMMARY BUDGET

Name of Applicant Organization _____

IMPORTANT! READ INSTRUCTIONS ON PAGES 3.16–3.17 BEFORE PROCEEDING.

DIRECT COSTS

	IMLS	COST SHARE	TOTAL
SALARIES & WAGES	_____	_____	_____
FRINGE BENEFITS	_____	_____	_____
CONSULTANT FEES	_____	_____	_____
TRAVEL	_____	_____	_____
MATERIALS, SUPPLIES, & EQUIPMENT	_____	_____	_____
SERVICES	_____	_____	_____
OTHER	_____	_____	_____

TOTAL DIRECT COSTS \$ _____ \$ _____ \$ _____

INDIRECT COSTS* \$ _____ \$ _____ \$ _____

*You may request indirect costs from IMLS only on the direct project costs requested from IMLS.

TOTAL PROJECT COSTS \$ _____

AMOUNT OF CASH CONTRIBUTIONS \$ _____

AMOUNT OF IN-KIND CONTRIBUTIONS \$ _____
(INSTITUTIONAL COST SHARING) INCLUDING INDIRECT COSTS

TOTAL AMOUNT OF COST SHARE (CASH & IN-KIND CONTRIBUTIONS) \$ _____

AMOUNT REQUESTED FROM IMLS, INCLUDING INDIRECT COSTS \$ _____

PERCENTAGE OF TOTAL PROJECT COSTS REQUESTED FROM IMLS _____%

Have you received or requested funds for any of these project activities from another federal agency?
(Please check one) ☐ Yes ☐ No

If yes, name of agency _____

Date of application _____ or award _____ Amount requested or received \$ _____